

7D5238 2.000

TX2018 05-102
Ver. 9.0 (Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

Tcode 13196

Taxpayer number

Report year

32064419438

2018

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name RING PROTECT, INC.

☒ Blacken box if the mailing address has changed.

Mailing address

P.O. BOX 81207

Secretary of State (SOS) file number or
Comptroller file number

City SEATTLE

State WA

ZIP code plus 4 98108-1207

0802777115

☐ Blacken box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

3206441943818

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name OFFICER A	Title PRESIDENT	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 1523 26TH STREET	City SANTA MONICA	State CA	ZIP Code 90404
Name OFFICER B	Title OTHER	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 1523 26TH STREET	City SANTA MONICA	State CA	ZIP Code 90404
Name OFFICER C	Title SECRETARY	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 1523 26TH STREET	City SANTA MONICA	State CA	ZIP Code 90404

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
RING, INC.	DE		100.000

Registered agent and registered office currently on file (see instructions if you need to make changes)

You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.

Agent:

Office: City State ZIP Code

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional
sheets for Sections A, B and C, if necessary. The information will be available for public inspection.I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has
been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation,
LLC, LP, PA or financial institutionsign
hereTitle
AUTHORIZED REPRESENTDate
11/15/2018Area code and phone number
(206) 646-5182

Texas Comptroller Official Use Only

VE/DE ☐ PIR IND ☐

7001